

Release of Liability and Assumption of Risk Agreement & Activity Waiver

For all equestrian and non equestrian activities at LANTERN LIGHTER RANCH LLC

READ BEFORE SIGNING:

At LANTERN LIGHTER RANCH safety is a top priority so that your experience here will be a pleasant one.

In consideration of being permitted to participate among and on horses on the premises of or under the auspices of the LANTERN LIGHTER RANCH, on my behalf of all participants named below, I acknowledge, appreciate and agree that:

I am over 18 years of age. I acknowledge that the LANTERN LIGHTER RANCH is providing instruction and/or trail riding which I and/or my minor children as listed under “ participant/registered riders” wish to participate. I recognize and acknowledge that my/their participation in such activities and other activities which may include equine activities involves the possibility of inherent risks including but not limited to the following: The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine: the unpredictability of an equines reaction to sound, sudden movements, unfamiliar objects, persons or other animals; hazards including but not limited to surface or subsurface conditions; a collision with another equine, another animal, a person, or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to death or loss to the person of the participant or to other persons, including but not limited to failing to maintain control over an equine or failing to act within the ability of the participant. This risk includes but is not limited to my being in the presence of, mounted on and/or leading horses and includes but is not limited to property damage.

SADDLE GIRTH NATURAL LOOSENING

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I understand that saddle girths may loosen during a ride. If a rider notices this he/she must alert the nearest guide/instructor so action can be taken to avoid slippage of saddle and a potential fall from the animal.

I will comply with all rules and regulations of the LANTERN LIGHTER RANCH.

RISK TO UNBORN CHILDREN

Do to inherent risk of riding horses, LANTERN LIGHTER RANCH advises pregnant women not to ride horses.

PROTECTIVE HEAD GEAR

My child/the participant is under the age of 18 years old and will wear an ASTM approved equestrian helmet fitted and secured by an adult _____

I/participant am 18 or older and have been fully informed by LANTERN LIGHTER RANCH that I can better protect myself against head injuries by wearing an ASTM approved equestrian head gear while mounting, riding, dismounting and being around horses. * Mark an "X" in Rider Registration Table for each rider.

LANTERN LIGHTER RANCH helmet: request to wear an ASTM helmet or under 18 years old	I will wear an ASTM approved protective equestrian headgear provided by LLR, understanding that these may not be of perfect fit for my head and once provided I will be responsible for securing the protective headgear on my head at all times. *
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MY HELMET: Wear your own helmet	I will wear protective headgear which I, the undersigned, am providing and I will accept full responsibility for this decision. I am not relying on the LANTERN LIGHTER RANCH staff to determine my headgear quality or suitability. *
NO HELMET: I refuse to wear a helmet	I refuse to wear any type of protective headgear and I accept full responsibility for this decision. *
LANTERN LIGHTER RANCH LLC	
66543 Way Mor Rd	Program Coordinator: TINA SWANSON
Quaker City, Ohio 43773	Tinaswanson0227@gmail.com
740-260-6425 call or text	Location: LANTERN LIGHTER RANCH

HELMET CHOICE; please place "X"

PARTICIPANTS NAME, AGE AND WEIGHT: LLR helmet My helmet **No helmet

NAME	AGE	WEIGHT	** over 18
*SIGNATURE	()	()	()
*SIGNATURE	()	()	()
*SIGNATURE	()	()	()

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By signing this Release of Liability, I understand and knowingly and freely assume all such risk, even if arising from the negligence or legal liability and I (on behalf of myself and/or my children/legal wards) agree to waive any and all claims for personal injury or property damage of any kind which my children, I or my heirs, personal representatives and next of kin may have or which arise against the LANTERN LIGHTER RANCH LLC as a result of my/their participation in such equine activities and assume full responsibility for my participation. On behalf of my children herein listed, myself, my heirs, personal representatives and next of kin, I hereby release and discharge the LANTERN LIGHTER RANCH LLC and its successors, affiliates, employees, volunteers, therapist, coaches, aids, consultants, agents and the Swanson property owners from any claims, lawsuits, losses, cost, causes of action and damages of any kind originating or in any way arising from my/their participation in such equine/horsemanship and activity programs either on or off site or while being near the premises of LANTERN LIGHTER RANCH. I understand that there may be other risk as well and I agree to assume them; I am not relying on LANTERN LIGHTER RANCH to list all possible risk for me.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily.** SIGNATURE _____

Household contact information

PRINT: Adult/guardian Name _____ Date _____

Address _____ Phone _____

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Email _____

*** Name of an emergency contact _____
phone _____